

<b>1. CIR./DIST./DIV. CODE</b> GUX	<b>2. PERSON REPRESENTED</b> YAO, XIAN LONG		<b>VOUCHER NUMBER</b>	
<b>3. MAG. DKT./DEF. NUMBER</b>	<b>4. DIST. DKT./DEF. NUMBER</b> 1:07-000043-001	<b>5. APPEALS DKT./DEF. NUMBER</b>	<b>6. OTHER DKT. NUMBER</b>	
<b>7. IN CASE/MATTER OF (Case Name)</b> U.S. v. YAO	<b>8. PAYMENT CATEGORY</b> Felony	<b>9. TYPE PERSON REPRESENTED</b> Adult Defendant	<b>10. REPRESENTATION TYPE</b> (See Instructions) Criminal Case	
<b>11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section).</b> If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1326A.F -- REENTRY OF DEPORTED ALIENS				
<b>REQUEST AND AUTHORIZATION FOR EXPERT SERVICES</b>				
<b>12. ATTORNEY'S STATEMENT</b> As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ <b>OR</b> <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)  <div style="display: flex; justify-content: space-between;"> <div>Signature of Attorney _____</div> <div>Date _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization</div> <div></div> </div> Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. _____  <div style="text-align: right;">Telephone Number: _____</div>				
<b>13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)</b>   <b>15. Court Order</b> Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.  Signature of Presiding Judicial Officer or By Order of the Court _____  <div style="display: flex; justify-content: space-between;"> <div>Date of Order _____</div> <div>Nunc Pro Tunc Date _____</div> </div> Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>14. TYPE OF SERVICE PROVIDER</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">         01 <input type="checkbox"/> Investigator          02 <input checked="" type="checkbox"/> Interpreter/Translator          03 <input type="checkbox"/> Psychologist          04 <input type="checkbox"/> Psychiatrist          05 <input type="checkbox"/> Polygraph Examiner          06 <input type="checkbox"/> Documents Examiner          07 <input type="checkbox"/> Fingerprint Analyst          08 <input type="checkbox"/> Accountant          09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc)          10 <input type="checkbox"/> Chemist/Toxicologist          11 <input type="checkbox"/> Ballistics Expert          13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert          14 <input type="checkbox"/> Pathologist/Medical Examiner          15 <input type="checkbox"/> Other Medical Expert          16 <input type="checkbox"/> Voice/Audio Analyst          17 <input type="checkbox"/> Hair/Fiber Expert          18 <input type="checkbox"/> Computer (Hardware/Software/Systems)          19 <input type="checkbox"/> Paralegal Services       </div> <div style="width: 50%;">         20 <input type="checkbox"/> Legal Analyst/Consultant          21 <input type="checkbox"/> Jury Consultant          22 <input type="checkbox"/> Mitigation Specialist          23 <input type="checkbox"/> Duplication Services (See Instructions)          24 <input type="checkbox"/> Other (specify) _____       </div> </div>		
<b>CLAIM FOR SERVICES AND EXPENSES</b>		<b>FOR COURT USE ONLY</b>		
<b>16. SERVICES AND EXPENSES</b> (Attach itemization of services and expenses with dates)	<b>AMOUNT CLAIMED</b>	<b>MATH/TECHNICAL ADJUSTED AMOUNT</b>	<b>ADDITIONAL REVIEW</b>	
a. Compensation				
b. Travel Expenses (lodging, parking, meals, mileage, etc.)				
c. Other Expenses				
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>				
<b>17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS</b>				
<div style="text-align: right;">TIN: _____</div> <div style="text-align: right;">Telephone Number: _____</div> <b>CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____</b> <b>CLAIM STATUS</b> <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  Signature of Claimant/Payee: _____ Date: _____				
<b>18. CERTIFICATION OF ATTORNEY:</b> I hereby certify that the services were rendered for this case.				
Signature of Attorney: _____ Date: _____				
<b>APPROVED FOR PAYMENT - COURT USE ONLY</b>				
<b>19. TOTAL COMPENSATION</b>	<b>20. TRAVEL EXPENSES</b>	<b>21. OTHER EXPENSES</b>	<b>22. TOT. AMT APPROVED/CERTIFIED</b>	
<b>23.</b> <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.  <div style="display: flex; justify-content: space-between;"> <div>Signature of Presiding Judicial Officer _____</div> <div>Date _____</div> <div>Judge/Mag. Judge Code _____</div> </div>				
<b>24. TOTAL COMPENSATION</b>	<b>25. TRAVEL EXPENSES</b>	<b>26. OTHER EXPENSES</b>	<b>27. TOTAL AMOUNT APPROVED</b>	
<b>28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)</b>				
Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____				